

CONSUMER DIRECTED – OPEN ACCESS HMO HSA COMPATIBLE PLAN OPTIONS

Plan Options	MD Open Access HMO HSA Compatible Plan 1.5*	MD Open Access HMO HSA Compatible Plan 2.5*	MD Open Access HMO HSA Compatible Plan 3.5*
Member Benefits	In-Network No Referral Needed	In-Network No Referral Needed	In-Network No Referral Needed
Member Coinsurance	Not applicable	Not applicable	Not applicable
Plan Year Deductible**	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$2,500 Individual \$5,000 Family
Plan Year Out-of-Pocket Maximum*** — Medical and Prescription Drugs: (All amounts paid as deductible and copayment for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Preventive Care			
Well-Baby/Child and Adult Physical Exams (Age and frequency schedules apply.)	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Routine GYN Exams (Limited to one exam and pap smear every 365 days.)	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Routine Mammograms	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Aetna VisionSM Discount Program	Included	Included	Included
Primary Physician Office Visit†	\$25 copay after deductible	\$25 copay after deductible	\$30 copay after deductible
Specialist Office Visit†	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Outpatient Services — Lab	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible
Outpatient Services — X-Ray (Includes Outpatient Complex Imaging.)	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible
Chiropractic Services (20 visits per condition per plan year.)	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Outpatient Physical, Occupational, Speech Therapy (30 visits per therapy per condition per plan year.)	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Durable Medical Equipment	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible
Inpatient Hospital	\$250 copay per admission after deductible	\$250 copay per admission after deductible	\$250 copay per admission after deductible
Outpatient Surgery	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Urgent Care	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Mental Health — Inpatient (Maximum of 60 days per plan year. Combined maximum with Inpatient Substance Abuse Rehabilitation.)	\$250 copay per admission after deductible	\$250 copay per admission after deductible	\$250 copay per admission after deductible
Substance Abuse — Inpatient (Detox: Unlimited days. Rehab.: Maximum of 60 days per plan year. Combined maximum with Inpatient Mental Health.)	\$250 copay per admission after deductible	\$250 copay per admission after deductible	\$250 copay per admission after deductible
Prescription Drugs			
Prescription Drug Deductible	Integrated medical/pharmacy deductible		
Plan Year Out-of-Pocket Maximum — Prescription Drugs	Integrated medical/pharmacy out-of-pocket maximum		
Prescription Drugs: 30-day supply	\$15/\$35/\$60 after deductible	\$15/\$35/\$60 after deductible	\$15/\$35/\$60 after deductible
Maintenance Drugs: 90-day supply	\$30/\$70/\$120 after deductible	\$30/\$70/\$120 after deductible	\$30/\$70/\$120 after deductible
Contraceptives and Diabetic Supplies	Included	Included	Included
Specialty Care Drugs: 30-day supply	\$200 copay after deductible	\$200 copay after deductible	\$200 copay after deductible
Specialty Care Drugs: 90-day supply	\$400 copay after deductible	\$400 copay after deductible	\$400 copay after deductible

*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to the Maryland Plan Guide. Please refer to Aetna's Producer World™ web site at www.aetna.com for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

**The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.

***The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the plan year.

†"No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

Health benefits plans are offered/underwritten by Aetna Health Inc. (Aetna).

This material is for information only and is not an offer or invitation to contract. An application must be completed in order to obtain coverage. Health benefits plans contain exclusions and limitations. Rates and benefits vary by location. Investment services are independently offered through HealthEquity, Inc. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is believed to be accurate as of the production date; however, it is subject to change. For more information on Aetna plans, refer to **www.aetna.com**.

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